

VOLUNTEER REGISTRATION RECORD

ONGOING VOLUNTEERS

Michigan Family Independence Agency

PERSONAL DATA:

| | | | | | | |
|---|-------|-----|--|------------------------|-------------------------|--|
| Volunteer Name (Last, First, Middle Name) | | | Birth Date | Social Security Number | | |
| Home Address (Street Number and Name, Rural Route, PO Box No.) | | | List below all minor children in your home for whom you are legally responsible. (Required for requested reimbursement of day care expenses) | | | |
| City | State | Zip | | | | |
| | | | Child's Name | D.O.B. | Verified "X" | |
| Home Telephone Number () | | | | | | |
| Previous or Other Names Used: | | | | | | |
| Person To Notify in case of emergency: | | | | | | |
| Phone Number () | | | | | | |
| Do you have use of a motor vehicle? (If required in the performance of your job duties) Yes <input type="checkbox"/> No <input type="checkbox"/> | | | Do you have a valid Michigan Driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| How many hours do you wish to work per month? | | | Driver's License Number | | | |

- Yes No
- ☐ ☐ Have you been identified as a perpetrator of child abuse or neglect?
- ☐ ☐ Have you been convicted of a felony?
- ☐ ☐ Have you been convicted of a misdemeanor?
- ☐ ☐ Have you received any moving traffic violations?
- ☐ ☐ Do you have a felony charge pending?

| | | |
|--|-----------------------------|---|
| Do you require reasonable accommodations in order to perform volunteer services? | <input type="checkbox"/> No | <input type="checkbox"/> Yes (Please Explain) |
|--|-----------------------------|---|

| |
|--|
| Describe the type of volunteer work desired. |
|--|

| ENTER DAYS AND HOURS AVAILABLE BELOW | | | | | | | |
|--------------------------------------|------|-------|------|--------|------|------|------|
| | MON. | TUES. | WED. | THURS. | FRI. | SAT. | SUN. |
| Mornings | | | | | | | |
| Afternoons | | | | | | | |
| Evenings | | | | | | | |

INTEREST AND SKILLS:

| |
|-----------------------------------|
| My skills and interests include: |
| I like to work with: |
| Things I prefer not to do: |
| I would like to learn more about: |
| I want to volunteer because: |

| |
|---|
| List organizations you belong to: |
| How did you hear about the FIA volunteer program? |

EMPLOYMENT / VOLUNTEER HISTORY:

| | |
|--|--|
| Paid Position: (Name, address and phone of current or most recent employer: | |
| If currently employed, may I contact you at work? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Describe Volunteer experiences: | |
| Have you ever been employed by or volunteered for the State of Michigan? | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes - employed <input type="checkbox"/> Yes - volunteered | |
| If yes, give department / agency and date(s) | |
| Do I have your permission to contact your employer or volunteer organization? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |

EDUCATION AND TRAINING:

| | | |
|--|---|------------------------|
| Highest grade completed: | High School Diploma or GED: <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, year received: |
| Describe Education or Training beyond High School: | | |

REFERENCES: Do not include the names of family relatives

| Name | Relationship | Complete Mailing Address | Phone Number | Date Verified |
|------|--------------|--------------------------|--------------|---------------|
| | | | () | |
| | | | () | |
| | | | () | |

You have my permission to contact references, and to do a criminal record check, a Children's Protective Services record check and a Secretary of State driving record check. ☐ Yes ☐ No

| | | | |
|---|------|-----------------------|------|
| I authorize the use of my name and photograph/video tapes for publicity purposes. | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Volunteer Signature | Date | Interviewer Signature | Date |
| Signature of parent or guardian if volunteer is a minor | Date | | |

OFFICE USE ONLY

| | | |
|--|--|--|
| Criminal record check completed Date _____ Results _____ | Children's protective services record check completed Date _____ Results _____ | Volunteer will not be transporting clients <input type="checkbox"/> Secretary of State driving record check completed Date _____ Results _____ |
| Copy of Driver's license on file | Copy of Proof of insurance on file | Copy of vehicle registration on file |
| Placement Notes: | | |
| AUTHORITY: P.A. 280 of 1939 RESPONSE: Voluntary PENALTY: May not be accepted as a volunteer. | | The Family Independence Agency will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an FIA office in your county. |